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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |  | ATTORNEY'S DOCKET NUMBER<br>14184-051US1 MIC019PCT2                                      |
| INTERNATIONAL APPLICATION NO.<br>PCT/US2004/034385   | INTERNATIONAL FILING DATE<br>18 October 2004 | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.65)<br>Not Yet Assigned <b>10/575939</b> |
| TITLE OF INVENTION<br>Selective Cox-2 Inhibitors   |  |  |
| APPLICANT(S) FOR DO/EO/US<br>Brian M. Cali, Yueh-tyng Chien, Mark G. Currie, John Jeffrey Talley and Craig Zimmerman   |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |  |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |  |
| Items 11 to 20 below concern document(s) or information included:  |  |  |
| <ol style="list-style-type: none"> <li>11. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> </ol>  |  |  |

CERTIFICATE OF MAILING BY EXPRESS MAIL  
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 Date of Deposit: **April 13, 2006**

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/575959</b>   | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER<br>14184-051US1                                      |  |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|---|-------------------------------|---|--|-----------------|---------------------------|---|-----------|-------|---|--------------------|---------|----------------------------|---------|---|--|--|---------|--|--------------------------------------|-------|---|--|-----------------|----------------------------|--|-------|---------------------------------|--|-----------------|--|--|--|--------------|--------------|---|------|--|-----------|--------|--------|---------|----------|---|--|--|--|--------|--|--|--------|--------------|--------------|------|--------------|-----------|---|--------|--------------------|---------|---|---------|---|--|--|---------|--------|--------------------------------------|--|--|--|-----------------|--|--|--|--|--|--|--|----------|--|--|--|-------------------|-----------------|--|--|--|--|--------|--|--|--|-----------------------------|-----------------|--|--|--|--|--------|--|--|--|------------------------------|-----------------|--|--|--|-------------------------------|--------|--|--|--|------------------------------|--------|
| 20. Other items or information:<br>Copy of International Search Report and Written Opinion  |                               |   |  |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
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| All other situations .....  |                               | \$200   |  |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
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| All other situations .....  |                               | \$500   |  |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
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| <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing filed in an electronic medium) (37 CFR 1.492(j)).<br>The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  |                               |   |  |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Total Sheets  | Extra Sheets                  | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                   |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| 112-100 =   | 12/50=                        | 250.00  | X \$250                                | \$250.00        |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Surcharge of \$130 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 C.F.R. 1.492(h)).   |                               |   |  | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>16 - 20 =</td> <td>0</td> <td>x \$50</td> </tr> <tr> <td>Independent Claims</td> <td>2 - 3 =</td> <td>0</td> <td>x \$200</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td></td> <td>+ \$360</td> <td>\$0.00</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$850.00</b></td> </tr> </tbody> </table>  |                               | CLAIMS  | NUMBER FILED                           | NUMBER EXTRA    | RATE                      | Total Claims  | 16 - 20 = | 0     | x \$50  | Independent Claims | 2 - 3 = | 0                          | x \$200 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$360 | \$0.00   | <b>TOTAL OF ABOVE CALCULATIONS =</b> |       |   |  | <b>\$850.00</b> |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| CLAIMS  | NUMBER FILED                  | NUMBER EXTRA  | RATE                                   |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Total Claims  | 16 - 20 =                     | 0   | x \$50                                 |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Independent Claims  | 2 - 3 =                       | 0   | x \$200                                |                 |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |                               |   | + \$360                                | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |                               |   |  | <b>\$850.00</b> |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27. Fees above are reduced by 1/2.  |                               |   |  | \$425.00        |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|   |                               |   | <b>SUBTOTAL =</b>                      | <b>\$425.00</b> |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Processing fee of \$130 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 C.F.R. 1.492(i))  |                               |   |  | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|   |                               |   | <b>TOTAL NATIONAL FEE =</b>            | <b>\$425.00</b> |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property  |                               |   |  | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|   |                               |   | <b>TOTAL FEES ENCLOSED =</b>           | <b>\$425.00</b> |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|   |                               |   | <b>Amount to be refunded:</b>          | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |
|   |                               |   | <b>Amount to be charged:</b>           | \$0.00          |                           |   |           |       |   |                    |         |                            |         |   |  |  |         |  |                                      |       |   |  |                 |                            |  |       |                                 |  |                 |  |  |  |              |              |   |      |  |           |        |        |         |          |   |  |  |  |        |  |  |        |              |              |      |              |           |   |        |                    |         |   |         |   |  |  |         |        |                                      |  |  |  |                 |  |  |  |  |  |  |  |          |  |  |  |                   |                 |  |  |  |  |        |  |  |  |                             |                 |  |  |  |  |        |  |  |  |                              |                 |  |  |  |                               |        |  |  |  |                              |        |

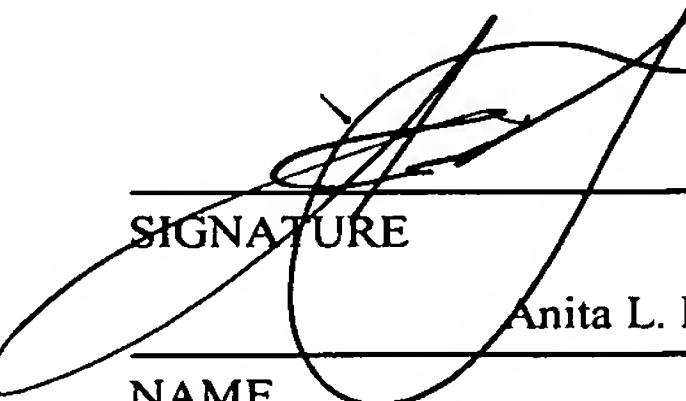
10/575939

- a.  A check in the amount of \$425.00 to cover the above fees is enclosed.
- b.  Please charge my Deposit Account No. 06-1050 in the amount of \$0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.
- c.  The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-1050. A duplicate copy of this sheet is enclosed.
- d.  Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card information should not be included on this form.** Provide credit card information and authorization on PTO-2038.

**NOTE: Where an appropriate time limit under 37 C.F.R. 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the International Application to pending status.**

SEND ALL CORRESPONDENCE TO:

PTO Customer No: 26161



SIGNATURE

Anita L. Meiklejohn, Ph.D.

NAME

35,283

REGISTRATION NUMBER